Complete Summary

GUIDELINE TITLE

Management of adults with major depression.

BIBLIOGRAPHIC SOURCE(S)

Michigan Quality Improvement Consortium. Management of adults with major depression. Southfield (MI): Michigan Quality Improvement Consortium; 2008 May. 1 p.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Michigan Quality Improvement Consortium. Management of adults with major depression. Southfield (MI): Michigan Quality Improvement Consortium; 2008 Jan. 1 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Major depression

GUIDELINE CATEGORY

Diagnosis
Management
Risk Assessment
Screening
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Health Plans
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To achieve significant, measurable improvements in the management of major depression through the development and implementation of common evidence-based clinical practice guidelines
- To design concise guidelines that are focused on key management components of major depression to improve outcomes

TARGET POPULATION

- Adults 18 years or older with high risk for major depressive disorder including prenatal and postpartum populations
- Individuals diagnosed with significant mood symptoms, particularly those meeting criteria for major depression

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Screening

1. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, Text Revision (DSM-IV-TR) criteria
2. Symptoms of bipolar disorder
3. Assessment of suicide risk

Management/Treatment

Antidepressant therapy

- Indications for referral to Behavioral Health Specialists
- Monitoring of antidepressant therapy: dose, frequency, levels, clinical response
- Recurrent major depression

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The Michigan Quality Improvement Consortium (MQIC) project leader conducts a search of current literature in support of the guideline topic. Computer database searches are used to identify published studies, existing protocols and/or national guidelines on the selected topic developed by organizations such as the American Diabetes Association, American Heart Association, American Academy of Pediatrics, etc. If available, clinical practice guidelines from participating MQIC health plans and Michigan health systems are also used to develop a framework for the new guideline.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence for the Most Significant Recommendation

A. Randomized controlled trials
B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Using information obtained from literature searches and available health plan guidelines on the designated topic, the Michigan Quality Improvement Consortium (MQIC) project leader prepares a draft guideline to be reviewed by the medical directors' committee at one of their scheduled meetings. Priority is given to recommendations with [A] and [B] levels of evidence (see "Rating Scheme for the Strength of the Evidence" field).

The initial draft guideline is reviewed, evaluated, and revised by the committee resulting in draft two of the guideline. Additionally, the Michigan Academy of Family Physicians participates in guideline development at the onset of the process and throughout the guideline development procedure. The MQIC guideline feedback form and draft two of the guideline are distributed to the medical directors, as well as the MQIC measurement and implementation group members, for review and comments. Feedback from members is collected by the MQIC project leader and prepared for review by the medical directors' committee at their next scheduled meeting. The review, evaluation, and revision process with several iterations of the guideline may be repeated over several meetings before consensus is reached on a final draft guideline.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

When consensus is reached on the final draft guideline, the medical directors approve the guideline for external distribution to practitioners with review and comments requested via the Michigan Quality Improvement Consortium (MQIC) health plans (project leader distributes final draft to medical directors' committee, measurement and implementation groups to solicit feedback).

The MQIC project leader also forwards the approved guideline draft to appropriate state medical specialty societies for their input. After all feedback is received from external reviews, it is presented for discussion at the next scheduled committee meeting. Based on feedback, subsequent guideline review, evaluation, and revision may be required prior to final guideline approval.

The MQIC Medical Directors approved this updated guideline in May 2008.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The level of evidence grades (*A*-*D*) are provided for the most significant recommendations and are defined at the end of the "Major Recommendations" field.

Detection and Diagnosis

Assess if *Diagnostic and Statistic Manual of Mental Disorders, Fourth Edition*, Text Revision (DSM-IV-TR) criteria for major depression are met **[A]**:

Must have a total of five symptoms for at least two weeks. One of the symptoms must be depressed mood or loss of interest:

- Depressed mood
- Markedly diminished interest or pleasure in all or almost all activities
- Significant weight loss or gain (>5% body weight), or increase or decrease in appetite
- Insomnia/hypersomnia
- Psychomotor agitation or retardation
- Fatigue/loss of energy
- Feeling of worthlessness or inappropriate guilt
- Diminished concentration or indecisiveness
- Recurrent thoughts of death or suicide (Recognition may be increased with the use of a validated screening tool, e.g., Patient Health Questionnaire [PHQ-9], Harvard Department of Psychiatry National Depression Screening Day Scale [HANDS], Center for Epidemiologic Studies - Depression Scale [CES-D] Revised, Zung [see "Availability of Companion Documents" field], Primary Care Evaluation of Mental Disorders [PRIME-MD])

Assess whether patients have symptoms suggesting bipolar disorder **[C]**

Eligible Population

Adults 18 years or older with high risk for major depressive disorder including prenatal and postpartum populations

Frequency

- At each evaluation where the patient's high-risk status, symptoms, or signs raise suspicion of current or uncontrolled depression
- At the first prenatal care visit through end of first post-partum year

Screening for Suicide Risk

Assess risk of suicide by direct questioning about suicidal ideation and, if present, suicidal planning, potential means, and personal/family history of suicidal attempts. **[D]**

Eligible Population

Individuals diagnosed with significant mood symptoms, particularly those meeting criteria for major depression

Frequency

At each encounter addressing depression until patient is treated to remission, is stable and has not expressed suicidal thinking in previous visits.

Management of Patients Who Are Prescribed Antidepressant Medication

- Initiate antidepressant medication following manufacturer's recommended doses. **[A]**
- Referral to, and coordination with, Behavioral Health Specialist when **[D]**:
    - Identified or suspected risk of suicide
    - Additional counseling as desired
    - Primary physician not comfortable managing patient's depression
    - Diagnosis is uncertain or complicated by other psychiatric factors
    - Complex social situation
    - Management is complex, response to medication at therapeutic dosage is not optimal, or considering prescribing multiple agents
    - Psychotherapy and/or hospitalization required
- Monitor medication frequently and adjust to a therapeutic level as assessed by clinical data not to exceed the highest recommended dose. **[D]** Medication should not be abruptly discontinued.
- If no response after 2 to 3 weeks on therapeutic dosage increase dosage as tolerated and begin new observation period. If no response after 2 to 3 weeks on maximal dosage then switch antidepressant. If partial response after 2 to 3 weeks on maximal dosage then switch antidepressant or augment with additional agent.
- For patients with recurrent major depression, continue medication for at least one year or longer at effective dosage. **[B]**

Eligible Population

Individuals diagnosed with significant mood symptoms, particularly those meeting criteria for major depression

Frequency

Medications for at least 9 to 12 months after acute symptoms resolve **[A]**

Schedule at least 3 follow-up visits in first 12 weeks, one of which can be telephonic **[D]**

Definitions:

Levels of Evidence for the Most Significant Recommendations

A. Randomized controlled trials

B. Controlled trials, no randomization
C. Observational studies
D. Opinion of expert panel

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is provided for the most significant recommendations (See "Major Recommendations" field).

This guideline is based on several sources, including: *Major Depression in Adults in Primary Care*. Institute for Clinical Systems Improvement, 2007 (www.icsi.org).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Through a collaborative approach to developing and implementing common clinical practice guidelines and performance measures for major depression, Michigan health plans will achieve consistent delivery of evidence-based services and better health outcomes. This approach also will augment the practice environment for physicians by reducing the administrative burdens imposed by compliance with diverse health plan guidelines and associated requirements.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guideline lists core management steps for non-behavioral health specialists. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Approved Michigan Quality Improvement Consortium (MQIC) guidelines are disseminated through email, U.S. mail, and websites.

The MQIC project leader prepares approved guidelines for distribution. Portable Document Format (PDF) versions of the guidelines are used for distribution.

The MQIC project leader distributes approved guidelines to MQIC membership via email.

The MQIC project leader submits request to website vendor to post approved guidelines to MQIC website (www.mqic.org).

The MQIC project leader completes a statewide mailing of the comprehensive set of approved guidelines and educational tools annually. The guidelines and tools are distributed in February of each year to physicians in the following medical specialties:

- Family Practice
- General Practice
- Internal Medicine
- Other Specialists for which the guideline is applicable (e.g., endocrinologists, allergists, pediatricians, cardiologists, etc.)

The statewide mailing list is derived from the Blue Cross Blue Shield of Michigan (BCBSM) provider database. Approximately 95% of the state's M.D.s and 96% of the state's D.O.s are included in the database.

The MQIC project leader submits request to the National Guideline Clearinghouse (NGC) to post approved guidelines to NGC website (www.guideline.gov).

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness
Timeliness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

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DATE RELEASED

2004 Jan (revised 2008 May)

GUIDELINE DEVELOPER(S)

Michigan Quality Improvement Consortium - Professional Association

SOURCE(S) OF FUNDING

Michigan Quality Improvement Consortium

GUIDELINE COMMITTEE

Michigan Quality Improvement Consortium Medical Directors' Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Physician representatives from participating Michigan Quality Improvement Consortium health plans, Michigan State Medical Society, Michigan Osteopathic Association, Michigan Association of Health Plans, Michigan Department of Community Health and Michigan Peer Review Organization

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Standard disclosure is requested from all individuals participating in the Michigan Quality Improvement Consortium (MQIC) guideline development process, including those parties who are solicited for guideline feedback (e.g., health plans, medical specialty societies). Additionally, members of the MQIC Medical Directors' Committee are asked to disclose all commercial relationships as well.

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CES-D questionnaire. Electronic copies: Available in Portable Document Format (PDF) from the Michigan Quality Improvement Consortium Web site.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on December 10, 2004. The information was verified by the guideline developer on January 21, 2005. This summary was updated by ECRI on August 15, 2005, following the U.S. Food and Drug Administration advisory on antidepressant medications. This NGC summary was updated by ECRI on October 12, 2006. The updated information was verified by the guideline developer on November 3, 2006. This summary was updated by ECRI Institute on November 9, 2007, following the U.S. Food and Drug Administration advisory on Antidepressant drugs. This summary was updated by ECRI Institute on April 14, 2008. The updated information was verified by the guideline developer on April 18, 2008. This summary was updated by ECRI Institute on July 28, 2008. The updated information was verified by the guideline developer on July 29, 2008.

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Date Modified: 10/20/2008